

MINIMAL AWARDS

8 SEPTEMBER 1975

25X1A

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Next 2 Page(s) In Document Exempt

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3. DD/Pers/R&P and Chief, SPD recommend, as a result of the useful knowledge gained from testing this suggestion that an award be considered in the \$175 - \$250 range.


C. Recommendation of Executive Secretary

1. Not line of duty.

2. \$200 award (MODERATE/GENERAL) for the impact resulting from the basic suggestion.

D. Decision of the Chairman

STATINTL


Chairman, Suggestion and Achievement
Awards Committee

8 Sept 75
Date

200. -

Award

Date of this application

DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS—

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal records, write "Unknown."
2. Type or print carefully—**USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY."
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.

Full name (Last—First—Middle)		Date of birth	Place of birth	Date of naturalization
Current address (Including ZIP)			Telephone numbers (Include area codes)	
			Home	Office
Name of spouse (Last—First—Middle—Maiden)		Date of birth	Place of birth	Date of naturalization
Type of position desired			Lowest annual salary acceptable \$	Availability dates Earliest _____ Latest _____
Willingness to travel		Willingness to locate		
Occasionally	Other (Specify)	Washington, D.C.		
Frequently		Anywhere in U.S.		
Constantly		Outside continental U.S.		
Indicate any restrictions you would place on assignments outside the Washington, D.C. area				

EDUCATION

ELEMENTARY SCHOOL

1. Name of elementary school	Address (City, State, Country)	Years attended (From—to)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
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HIGH SCHOOL

1. Name of high school	Address (City, State, Country)	Years attended (From—to)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From—to)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE OR UNIVERSITY STUDY

Name and location of college or university	Subject		Years attended From—to	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				

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Name and address of school

Study or specialization

From

To

No. of months

Other education or training not indicated above

Military organization

Branch or corps

Dates of active service	
-------------------------	--

Status (Regular-reserve)

Rank, grade or rate

Type of separation	
--------------------	--

Brief description of military duties

Applying the scale below, indicate your proficiency in the five skills factors shown by noting the number most indicative of your level of skill. If you claim no proficiency in a foreign language, leave this entire section blank. (If employed you will be tested in the languages claimed.)

SKILL FACTORS

HOW ACQUIRED
[Check (X) Box(es)
which apply]

(Slight)

2

3

4

(Native)

5

Reading comprehension

Writing ability

Pronunciation

Conversational
ability

Oral comprehension

Native of country

Prolonged residence

Contact (with
parents, etc.)

Academic study

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1.

Name of Region
or Country

Type of Specialized Knowledge

**Dates of Travel
or Residence**

Dates & Place of Study

Knowledge acquired by—Check (X)

Residence

Travel

Study

Work Assignment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, if issued

SPECIAL QUALIFICATIONS

Skills possessed involving the use of scientific or technical devices or instruments

Trade or professional licenses or professional certification held

Significant published materials of which you are the author (Title, publication date)

Professional associations or societies to which you belong

Any devices you have invented and indicate whether or not they are patented

Other special qualifications pertinent to this application including hobbies

TYPING AND STENOGRAPHIC SKILLS

1. Typing (WPM) 2. Shorthand (WPM) 3. Indicate shorthand system used—check (X) appropriate item:
☐ Gregg ☐ Speedwriting ☐ Stenotype ☐ Other—Specify:

4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.)

EMPLOYMENT HISTORY

NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employment for past 15 years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "Description of duties," consider your experience carefully and provide meaningful, objective statements.

1. Inclusive dates (From—to—by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Title of job		8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			
1. Inclusive dates (From—to—by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Title of job		8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
Description of duties			
Reasons for leaving			

EMPLOYMENT HISTORY (Continued)

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1. Inclusive dates (From—to—by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business	6. Name of supervisor		<input type="checkbox"/> Male <input type="checkbox"/> Female
7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	

10. Description of duties

11. Reasons for leaving

1. Inclusive dates (From—to—by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business	6. Name of supervisor		<input type="checkbox"/> Male <input type="checkbox"/> Female
7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	

10. Description of duties

Reasons for leaving

1. Inclusive dates (From—to—by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business	6. Name of supervisor		<input type="checkbox"/> Male <input type="checkbox"/> Female
7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	

10. Description of duties

11. Reasons for leaving

If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. _____
 if Service Retirement, if known.

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PERSONAL DECLARATIONS

1. Do you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows, a policy advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No

2. If you have answered "YES" to the question above, explain.

3. Do you use or have you ever used intoxicants? ☐ Yes ☐ No

4. If so, to what extent?

5a. Do you use or have you ever used narcotics, such as heroin? ☐ Yes ☐ No

5b. Do you use or have you ever used such items as marijuana, hashish, LSD, amphetamines, or drugs of a similar nature? ☐ Yes ☐ No

6. If answer to either Question 5a or 5b above is Yes, state form(s) of drugs taken, how administered, dates and places, to what extent, and under what circumstances.

7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details: ☐ Yes ☐ No

Note Special Instructions

If your answer is "Yes" to the following questions 8, 9, 10, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

8. Have you ever been convicted in the U.S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date, nature of offense, and disposition of case in accordance with special instructions above. ☐ Yes ☐ No

9. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above. ☐ Yes ☐ No

10. Were there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? Describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above. ☐ Yes ☐ No

11. Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No

Have you left a position under circumstances which you desire to explain? ☐ Yes ☐ No

12. If your answer to either or both questions in item 11 above is "Yes", give details.

CERTIFICATION

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION MAY BE INVESTIGATED

I CERTIFY that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Signature of applicant

2. Date of Signature

INSTRUCTIONS

—DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS—

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal records, write "Unknown." Use the blank space on pages 8 and 9 for extra details on any question for which you do not have enough space.
2. Type or print carefully—**USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY."
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 10 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will *help to speed the processing* of your application.

SECTION I

GENERAL PERSONAL AND PHYSICAL DATA

1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social security number
5. Nicknames		6. Other names you have used			
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
8. If legal change of name, give particulars (Where and by what authority)					
9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Build	
14. Scars (type and location)		15. Other distinguishing physical features			
16. Current address (No., Street, City, State & ZIP code—country if not U.S.)			17. Current phone number		18. Long distance area code
19. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)			20. Permanent phone number		21. Long distance area code
22. Office phone number		23. Office extension		24. Legal residence (State, territory or country)	

SECTION II

CITIZENSHIP

1. Date of birth		2. Place of birth (City, State, Country)		3. Present citizenship (Country)	
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):		5. Date naturalized		6. Naturalization certificate number	
7. Court issuing naturalization certificate		8. Issued at (City, State, Country)			
9. If alien, give alien registration number		10. Date and place of arrival in U.S.			
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. If yes, give name of country			
13. Give particulars concerning previous nationalities					
14. Last U.S. visa (Number, type, place of issue)					15. Date visa issued

SECTION III

MARITAL STATUS

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1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify

2. State date, place, and reason for all separation, divorces or annulments

husband
or fiancé(e)

If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé(e).

3. Name of spouse

(Last)

(First)

(Middle)

(Maiden)

4. State any other names ever used by spouse

Indicate circumstances (including length of time) under which any names noted in item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

5. Date of birth

6. Place of birth (City, State, Country)

7. Date of marriage

8. Place of marriage (City, State, Country)

9. Living

☐ Yes☐ No

10. Citizenship

11. Former citizenship(s) (country(ies))

12. If alien, give alien registration number

13. Date U.S. citizenship acquired

14. Where acquired

15. Date and place of arrival in U.S.

16. Naturalization certificate number

17. Date of death

18. Cause of death

19. Current address (Give last address, if deceased)

20. Address of spouse before marriage

21. Occupation

22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)

23. Employer's or business address (Number, Street, City, State, Country)

24. Dates of military service
(From to by month & year)

25. Branch of military service

26. Country with which military service affiliated

27. Details of other government service, U.S. or foreign

SECTION IV

CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all children and dependents:

Name	Relationship	Date & Place of Birth	Citizenship	Address

2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting.

3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting.

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SECTION V**FATHER** (Give same information for stepfather and/or guardian on a separate sheet)

1. Full name (Last—First—Middle—Maiden)

2. State other names he has used

Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

3. Date of birth

4. Place of birth (City, State, Country)

5. Living

☐ Yes ☐ No

6. Former citizenship(s) [country(ies)]

7. Cause of death

8. Citizenship (Country)

9. Date of death

10. Date U.S. citizenship acquired

11. Where acquired (City, State, Country)

12. Naturalization certificate number

13. If alien, give alien registration number

14. Date and place of arrival in U.S.

15. Current address (Give last address, if deceased)

16. Occupation

17. Present employer (Give last employer if father deceased or unemployed)

18. Employer's business address or father's business if self-employed

SECTION VI**MOTHER** (Give same information for stepmother on a separate sheet)

1. Full name (Last—First—Middle—Maiden)

2. State other names she has used

Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

3. Date of birth

4. Place of birth

5. Living

☐ Yes ☐ No

6. Date of death

7. Cause of death

8. Citizenship (Country)

9. Former citizenship(s) [country(ies)]

10. Date U.S. citizenship acquired

11. Where acquired (City, State, Country)

12. Naturalization certificate number

13. If alien, give alien registration number

14. Date and place of arrival in U.S.

15. Current address (Give last address, if deceased)

16. Occupation

17. Present employer (Give last employer if mother deceased or unemployed)

18. Employer's business address or mother's business address if self-employed

SECTION VII**BROTHERS AND SISTERS** (Including half-, step-, and adopted brothers and sisters)

1. Full name (Last—First—Middle—Maiden)

2. Relationship

3. Citizenship (Country)

4. Date of birth

5. Place of birth (City, State, Country)

6. Living

☐ Yes ☐ No

7. Present employer (Give last employer if deceased or unemployed)

8. Current address (Give last address, if deceased)

1. Full name (Last—First—Middle—Maiden)

2. Relationship

3. Citizenship (Country)

4. Date of birth

5. Place of birth (City, State, Country)

6. Living

☐ Yes ☐ No

7. Present employer (Give last employer if deceased or unemployed)

8. Current address (Give last address, if deceased)

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SECTION VII (Continued) BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

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(3)

1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
4. Date of birth	5. Place of birth (City, State, Country)			6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		

1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
4. Date of birth	5. Place of birth (City, State, Country)			6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		

1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
4. Date of birth	5. Place of birth (City, State, Country)			6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		

SECTION VIII FATHER-IN-LAW (If marriage contemplated, fill in information for future father-in-law)

1. Full name (Last—First—Middle)					
2. State other names he has used					
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.					
3. Date of birth		4. Place of birth		5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death		7. Cause of death		8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired		11. Where acquired (City, State, Country)	
12. Naturalization certificate number		13. If alien, give alien registration number		14. Date and place of arrival in U.S.	
15. Occupation		16. Present employer (Give last employer if father-in-law deceased or unemployed)			
17. Current address (Give last address, if deceased)					

SECTION IX MOTHER-IN-LAW (If marriage contemplated, fill in information for future mother-in-law)

1. Full name (Last—First—Middle)					
2. State other names she has used					
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.					
3. Date of birth		4. Place of birth		5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death		7. Cause of death		8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired		11. Where acquired (City, State, Country)	
12. Naturalization certificate number		13. If alien, give alien registration number		14. Date and place of arrival in U.S.	
15. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)			
17. Current address (Give last address, if deceased)					

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RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,

SECTION X

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Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
5. Citizenship (Country)		6. Address or country in which relative resides		
7. Employed by		8. Frequency of contact	9. Date of last contact	
1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
5. Citizenship (Country)		6. Address or country in which relative resides		
7. Employed by		8. Frequency of contact	9. Date of last contact	
1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
5. Citizenship (Country)		6. Address or country in which relative resides		
7. Employed by		8. Frequency of contact	9. Date of last contact	

SECTION XI RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)		7. Type and location of service (if known)
1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)		7. Type and location of service (if known)
1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)		7. Type and location of service (if known)

SECTION XII

MILITARY SERVICE

CURRENT DRAFT STATUS

1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?	Yes	2. Selective Service classification	3. If deferred, give reason
	No		
4. Local Selective Service Board Number and Address			

MILITARY SERVICE RECORD

Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organizations. For foreign military organization, specify both nationality and organization in item 1 below.

1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps	3. Dates of service (extended active duty) From — To —	
4. Status (Regular, Reserve, etc. specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)	
8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)				

Types of separation from active duty—record applicable number in item(s) 7 above

1—Honorable discharge
2—Release to inactive duty
3—Retirement for age

4—Retirement for service
5—Retirement for combat disability
6—Retirement for physical disability

7—Undue hardships
—Other—specify in item 7 in lieu of number

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SECTION XII (Continued)

MILITARY SERVICE RECORD

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MILITARY RESERVE, NATIONAL GUARD & ROTC STATUS

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong

Army

Marine Corps

National Guard

Coast Guard

Navy ROTC

Navy

Air Force

Air Nat'l Guard

Army ROTC

Air Force ROTC

1. Current rank, grade or rate

2. Date of appointment in current rank

3. Expiration date of current reserve obligation

4. Check (X) current reserve category

☐ Ready Reserve☐ Standby (active)☐ Standby (inactive)☐ Retired

5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military service)

6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify its address

7. If you have a military mobilization assignment, identify the unit and its address

SECTION XIII

ACTUAL PLACES OF RESIDENCE FOR THE PAST 15 YEARS

Include addresses while at school and in military service. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state, and country.

Address—last residence first (number, street, apartment number, city, state, country)

Inclusive dates (month & year)

From—

To—

SECTION XIV

REFERENCES

1. List four character references (not relative) in the U.S. who know you well

Name (Last First Middle)

Sex

Complete Business Address

Complete Residence Address

Length of Time Known (in yrs)

M

F

M

F

M

F

M

F

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SECTION XIV PERSONS
2. List four persons in the U.S. who know you socially (not relatives, supervisors or employers). If you have resided overseas at any time during the past 15 years, two of the persons listed (if possible) should be individuals who knew you overseas.

Name (Last First-Middle)		Complete Business Address	Complete Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

SECTION XV FINANCIAL STATUS

1. Have you ever been in, or petitioned for, bankruptcy? ☐ Yes ☐ No
2. If your answer is "YES" to the above, give particulars, including court and date(s)

3. Do you have any financial interest in, or official connection with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests?
☐ Yes ☐ No (If answer is "YES", furnish details in space below. Continue on separate sheet, if necessary)

SECTION XVI CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)

SECTION XVII PERSONAL DECLARATIONS

1. List names of Government departments, agencies or offices to which you have applied for employment.

2. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

SECTION XVIII PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

1. Name (Last -First -Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code) -indicate name of firm or employer, if applicable	6. Business telephone number & extension

7. In case of emergency, other close relatives (spouse, mother, father) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.

SECTION XIX

CERTIFICATION

Approved For Release 2000/06/19 : CIA-RDP80-00706A000100010001-4
YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION
MAY BE INVESTIGATED

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Date of signatures

2. Signature of applicant

3. Signed at (City and State)

4. Signature of witness to identify applicant

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 9, use extra pages the same size as this page and sign each such page.

(Signature)

Space for extra details continued on page 9 →

Approved For Release 2000/06/19 : CIA-RDP80-00706A000100010001-4

Space for extra details (Continued) — Reference each continued item by section and item number

Approved For Release 2000/06/19 : CIA-RDP80-00706A000100010001-4

Approved For Release 2000/06/19 : CIA-RDP80-00706A000100010001-4

PERSONAL HISTORY SUMMARY

Type or print
carefully—use black ink

(For office use only)

(For office use only)

1. Full name (Last—First—Middle)		2. Date of birth		3. Place of birth	
4. Other names used (including maiden name) (Last—First—Middle)		5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)			
6. Name of spouse (Last—First—Maiden)		7. Date of birth		8. Place of birth (spouse)	
9. Date & place of marriage		10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)			
11. Former spouse(s)—full name(s)		12. If divorced, date & place of divorce			
13. Complete following for high school; trade, commercial & specialized schools (Exclude military training); colleges & universities:					
Dates attended (From—To—)		Name & address of school		Degree received	
				Major subject	
14. Complete following for last three employment positions or last two years—begin with most recent or current position:					
Dates employed (From—To—)		Name & address of employer		Employer's complete business address	
15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:					
Dates resided (From—To—)		Complete address (Number, Street, City, State)			
16. Military service organization (Army, Navy, etc. specify)		17. Serial number		18. Rank, grade or rate	
				19. Dates of service (From—To—)	
20. Father's full name (Last—First—Middle)		21. Date of birth		22. Place of birth (Father)	
23. Father's current address (Number, Street, City, State)		24. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)			
25. Mother's full name (Last—First—Maiden)		26. Date of birth		27. Place of birth (Mother)	
28. Mother's current address (Number, Street, City, State)		29. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)			

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This signed release, or a certified true copy of it, will authorize you to release to the bearer, whose credentials will identify him as a duly authorized representative of the U.S. Government, any information in your files pertaining to my educational record, employment record, police record, or credit record. This authorization is given to you to support my application for employment with the United States Government. Should there be any question as to the validity of this release, you may contact me as indicated below. This authorization will expire six months from the date of signature.

(SIGNATURE)

(DATE)

(TYPED OR PRINTED NAME)

(ADDRESS)

(TELEPHONE NUMBER)

FORM 3297 USE PREVIOUS
3-73 EDITIONS

DD/A 75 2437

20 MAY 1975

MEMORANDUM FOR: Deputy Director for Administration

SUBJECT : The Two-Part PHS

1. This memorandum contains a recommendation for your approval in paragraph 8.

2. Approximately one year ago, after lengthy coordination between the Offices of Security and Personnel, we produced a two-part Personal History Statement for use by professional and technical applicants. The impetus for its creation stemmed from our belief that too many applicants were being "turned off" by the 17 pages of the old PHS and that too much time was being consumed by the applicant in completing and returning it. We recognized that by splitting the process into two elements we would create some delay at that point where the component decided to put an applicant in process; we would then need to send out Part II of the PHS and wait for its return before we could initiate Security clearance. We believed, however, that the advantages gained in having applications returned to the Agency more quickly and by more applicants would offset the disadvantages of additional time being consumed at a later point in the processing cycle.

3. We have examined our experience with the two-part PHS in order to determine to what degree it has been successful. Our examination included discussions with representatives of each of the five Directorates in the Agency, requests for evaluation and written response by professional recruiters, comments from the Office of Security and analysis of workload and time consumption factors in the Correspondence Branch and the Professional Staffing Branch of the Office of Personnel.

4. With the exception of the DCI area where there has been only limited experience with the two-part PHS, the other Directorates indicated a preference for return to the old PHS. All

expressed considerable concern about the delay incurred after their components had made an employment decision and before we were able to obtain the completed Part II and initiate Security clearance on the applicant. Several stated that the information in Part I did not give them as good a picture of the "whole man" as did the old PMS.

5. Although the recruiters were not unanimous in their views, most preferred to revert to the single PMS. Their primary concern also related to the time lost in waiting for the applicant to complete Part II of the PMS. Some felt that more applicants were returning the completed Part I as much because of the high unemployment rate as its brevity. Several pointed out that it isn't quantity we are seeking but quality. The fact that Part I did not give a picture of the "whole man" was also mentioned. The spokesman for the Office of Security expressed a strong preference for return to the single PMS. He felt that the two-part PMS complicated their work unnecessarily.

6. The workload in the Correspondence Branch, which has already doubled as a consequence of the labor market, was further increased by the necessity to send the second part of the PMS to the applicant and establish a follow-up system to ensure its return. The Professional Staffing Branch monitored 45 Part II applicant cases which were processed during the January through March 1975 period. An average of 35.5 days was consumed in mailing, completing and returning Part II's before we could initiate processing. This contrasts with the two or three days normally needed to initiate processing after receipt of a complete case.

7. It does appear that the two-part PMS resulted in a greater rate of return of completed forms by applicants and that for the most part those completed forms were returned more promptly than was the old single PMS. However, the disadvantage of the time delay occurring later in the process for those applicants we wish to process as rapidly as possible substantially outweighs these advantages.

8. I recommend, therefore, that we abandon the two-part experiment and return to the single PMS concept. We can better

spend our efforts working with the Directorates, the recruiters and the Office of Security to modify and improve the old PMS.

(Signed) P. W. M. Janney

P. W. M. Janney
Director of Personnel

APPROVED/~~DISAPPROVED~~

/s/John F. Blake

Deputy Director for Administration

21 MAY 1975

Date

Distribution:

Orig - (To be ret'd to D/Pers)

2 - DDA

1 - D/Pers (1 w/hold)

1 - DD/Pers/R&P (1 w/hold)

1 - RD

1 - PST

DD/Pers/R&P [REDACTED] (16 May 75)

STATINTL

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 73-379: dated 13 December 1972

[REDACTED], GS-11

25X1A

Technical Operations Officer

[REDACTED], GS-06

25X1A

Secretary

Directorate of Science and Technology/
OTS

A. Summary of Suggestion

1. Background

The overhead hanging ceiling light enclosures in the South Building basement are heavy glass secured in place by a gliding type of catch. The catch allows the glass to swing open to replace the fluorescent lights. On three (3) occasions there were near accidents when the glass dropped and broke.

2. Suggestion

Replace the glass with plastic and install safer type latches to prevent the possibility of an accident.

B. Evaluations

1. Safety Staff said the glass covers could not be replaced with plastic because of the radiation problem that would be created. However, extra metal clips with bolts have been added to prevent the glass covers from coming out. Safety Staff rated intangible benefits SUBSTANTIAL/LIMITED.

2. OTS concurred in the award recommendation.


C. Recommendation of the Executive Secretary

1. Not line of duty.

2. \$100 award, equally shared (SUBSTANTIAL/LIMITED).

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

100. -

Award

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 74-542: dated 5 June 1974

GS-09

25X1A

Administrative Assistant
Directorate of Science and
Technology/ORD

A. Summary of Suggestion

Envelopes used for external Agency mail contain the statement:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The statement is used on the envelopes of many other government agencies.

B. Evaluation

1. OP said that the phrase should be imprinted on those envelopes for external use which are identified with the Agency. In fact, based upon informal discussions with representatives of OL in early 1972, OP had expected to see this done as new stocks of such envelopes were ordered.

2. Director, EEO said that he strongly favored placing WE ARE AN EQUAL OPPORTUNITY EMPLOYER on all Agency envelopes sent to external recipients. The majority of the U. S. black population is not convinced that we are and this may also be the view of the white population. By stating that we are on the envelopes we challenge this view and also ourselves to be what we say we are.


3. OL/P&PD has ordered a new envelope printing press which they expect to receive in October 1975. Attached is a sample of what will be a typical external Agency envelope format which bears the EEO slogan. Subsequent to receipt and installation of the new press, Agency envelopes bearing the frank and overt return address will be overprinted with the EEO slogan. OL rated intangible benefits SUBSTANTIAL/BROAD.

C. Recommendation of the Executive Secretary

1. Not line of duty.
2. \$75 award (MODERATE/EXTENDED).

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

75.-
Award

Att

App



POSTAGE AND FEES PAID

CENTRAL INTELLIGENCE AGENCY AN EQUAL OPPORTUNITY EMPLOYER

WASHINGTON, D. C. 20505

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE \$300

44

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 75-162: dated 29 October 1974
[REDACTED], GS-10
Business Accountant
Directorate of Administration/OF

25X1A

A. Summary of Suggestion

1. Background

Manila folders are used for the retention of invoices submitted by a contractor. The folder is identified by a gummed label attached to the upper left hand corner. When a final audit report was prepared on a contract, the auditor made up a new folder for the audit work papers. This folder was also identified by a gummed label with the same information as that contained on the original contract folder label plus the audit case number assigned. The auditor then pulled the invoice folder from the files, removed the invoices and destroyed them and reinserted the invoice folder in the file. Upon receipt of a closing statement for the contract, the invoice folder was removed from the file.

2. Suggestion

Rather than set up a new audit file at the time the final report is written on a contract, the auditor add the audit case number to the gummed label of the contract folder. In the case of contracts containing more than one task order, it will still be necessary for the auditor to set up a new file for each task order except the final one. When the final report is written, the auditor utilize the invoice folder adding the audit number to the label.

B. Evaluation

1. OF implemented this proposal in June 1975. It is no longer necessary for a secretary to pull the old invoice folders and remove the gummed labels. This new method ensures that the invoice folders are removed from the files promptly, thus saving storage space. Formerly, the closing statements were

received long after the final report was written. This method also ensures that the invoice folders are utilized in lieu of new folders. Tangible savings are minimal, i.e., close to \$250 annually.

2. OF recommended an award based on MODERATE/LIMITED intangible benefits.

C. Recommendation of the Executive Secretary

1. Not line of duty.

2. \$35 award (MODERATE/LIMITED).

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

35.-

Award

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

25X1A SUGGESTION NO. 75-188: dated 6 November 1974
[REDACTED], GS-05
CLERK
Directorate of Operations/AF

A. Summary of Suggestion

1. Background

Both Headquarters and Field versions of the Forms Catalog are distributed to Headquarters elements.

2. Suggestion

Distribute only the Headquarters version of the Forms Catalog to Headquarters elements. The Headquarters version contains both Headquarters and Field information.

B. Evaluation

1. OL said the distribution of the Field (overseas) Forms Catalog to Headquarters elements was the result of specific requirements placed on the Catalog Section/Supply Division by those offices which use them for references in correspondence with their field activities. The Headquarters Forms Catalog contains all the information contained in the Field Forms Catalog and can be used by Headquarters elements for reference purposes. The field catalog consists of only 12 pages and is limited to only those forms that are authorized for field use whereas the Headquarters Catalog consists of 92 pages and lists all forms used by this Agency.


2. OL/Supply Division distributed 47 copies of the Field Forms Catalog to Headquarters elements. These catalogs are issued annually and they are forwarded to 38 different addresses in the Headquarters area. Beginning with the August 1975 issue, the Field Forms Catalog is no longer being issued to Headquarters elements. OL estimated first-year savings at \$50 for paper, printing, and man-hour costs. They rated intangible benefits MODERATE/LIMITED.

C. Recommendation of Executive Secretary

1. Not line of duty.
2. \$25 award (MODERATE/LIMITED).

D. Decision of the Chairman

25X1A


Chairman, Suggestion and Achievement
Awards Committee

8 Sept 75
Date

25 -
Award

25X1C

Approved For Release 2000/06/19 : CIA-RDP80-00706A000100010001-4

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Approved For Release 2000/06/19 : CIA-RDP80-00706A000100010001-4

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 75-351: dated 27 February 1975

GS-03

25X1A

Assistant Librarian
Directorate of Intelligence/CRS

A. Summary of Suggestion

1. Background

CRS/Document Services Group/Central Libraries Division uses Diebold Power Files containing 32 pans with 10 trays each. Each tray contains a metal spacing plate to hold the cards upright and in position as the tray is filled. When the trays are filled to capacity, the metal spacing plates require 1/4" to 1/2" of space in the back of each tray; they are no longer needed to hold the cards in place.

2. Suggestion

Remove the metal spacing plate from full trays of Diebold Power Files. This additional space can be used for the storage of more cards.

B. Evaluations

1. CRS concluded that the power file boxes cannot be fully loaded. About one-half inch of space must remain free in each box to permit browsing or rifling through the cards and to expose the identification number for effective retrieval and filing. If the cards become too tightly packed, their withdrawal and insertion will risk frequent damage to the cards, especially to the document aperture. The plate, if located at the proper end of the box, reserves just the right amount of space to protect the cards and provide the "V" space opening in the box required for browsing.

2. However, as a result of this suggestion, CRS officials noted that most of the boxes in the power files were loaded backwards, thereby loosing some card space. Correcting this deficiency provided CRS with additional space for about 20,000 cards valued at a one time cost avoidance or savings of approximately \$250. This was computed by using the \$8,000 cost of this Power File which has 32 bays, each of which hold 20,000 cards. Thus: $\$8,000 \div 32 = \250 .

3. Other offices, namely, OMS, DDO/ISG, OC and OL, employing the Diebold or similar power files all commented that the suggestion had no application in their areas.

4. CRS recommended an award based upon the tangible savings illustrated above.


C. Recommendation of the Executive Secretary

1. Not line of duty.

2. \$25 award based upon annual savings of \$250.

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

25. -
Award

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

25X1A SUGGESTION NO. 75-368: dated 21 February 1975
[REDACTED] GS-05
Clerk Typist
Directorate of Intelligence/CRS

A. Summary of Suggestion

Issue a Headquarters Bulletin to all employees to remind them to be considerate of the cars parked beside theirs in Agency parking lots, bulletin attached.

B. Evaluation

1. OL said that in coordination with the Secretary of the Fine Arts Commission, 200 copies of the suggester's "Parking Lot Courtesy" notice were forwarded to the commission for distribution to offices through the 42 Environmental Committees. This suggestion serves as a reminder that everyone should be considerate of property belonging to others.

2. Chief, Logistics Services Division, Office of Logistics believes that handling this matter through the Environmental Committees was less expensive and perhaps more effective than issuing an Agency Notice on the subject. He has had several comments to the effect that it was a very good idea which should prove helpful to others. OL rated the intangible benefits MODERATE/LIMITED. Chief, LSD recommended the minimum cash award of \$25.00.

3. In order to determine what impact the notice had, we canvassed several offices for their reactions. OTS, CRS, DDI Committee Member and DDO Committee Member, all said that they have noted little, if any, improvement since the notice was published. OL/SM&FB said that on several occasions they have received favorable comments from Agency personnel regarding some improvements in parking lot courtesy which is attributable to the notice.

C. Recommendation of the Executive Secretary

1. Not line of duty.
2. Certificate of Appreciation.

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

Certificate
Award

Att

Parking Lot Courtesy

A little consideration on the part of everyone using the parking lots at Headquarters could save a lot of wear and tear on the cars parked there.

Many minor scrapes occur to autos when people are careless in opening their car doors against the car parked next to theirs. If we practice a little care or caution when opening car doors, our neighbors' cars and their paint jobs will benefit by this small consideration.

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

25X1A

SUGGESTION NO. 75-396: dated 3 April 1975
[REDACTED], GS-04
Courier
Directorate of Administration/OL

A. Summary of Suggestion

Place a small safe on each floor of Agency occupied buildings, having no vaults or secure areas, for the courier to secure classified mail during a building emergency.

B. Evaluations

1. Chief, Physical Security Division, OS said that the cited problem only exists on the sixth floor of Magazine Building; all other Agency occupied buildings have a vault or secure area on each floor in which the courier's mail cart can be secured during a building emergency. The use of a safe was not considered to be the best solution to the problem because there is not ample room in a safe for the amount of mail the courier normally has on his mail cart.

2. OS resolved the problem on the sixth floor of Magazine Building by providing the courier the combination to the classified trash room located on the sixth floor. The mail cart can now be secured in the classified trash room if an emergency situation arises while mail is being delivered on the sixth floor of Magazine Building.


3. OL recommended a Certificate of Appreciation to the suggester.

C. Recommendation of the Executive Secretary

1. Not line of duty.
2. Certificate of Appreciation.

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

Certificate
Award

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 75-398: dated 8 April 1975

25X1A

[REDACTED], GS-05
Finance Assistant
Directorate of Administration/OF

A. Summary of Suggestion

1. Background

When requesting employment verification for credit applications and mortgage loans, the loan company sends a letter to CIA for the verification. Since only the employee's name is included in the letter, and if there is more than one employee with identical names, the incorrect Official Personnel Folder can inadvertently be pulled and the wrong information provided the loan company.

2. Suggestion

Issue a notice informing employees to provide the loan company their date of birth and social security number for inclusion in the employment verification letter, eliminating the possibility of incorrect information being provided on an employee.

B. Evaluation

As a result of this proposal, [REDACTED] Verification of Employment (attached), was issued instructing overt employees to include their social security number and date of birth in requests for verification of Agency employment. Use of the additional data should reduce processing time and chance of error, thus avoiding frustration and possible embarrassment for the employee.


25X1A

C. Recommendation of the Executive Secretary

1. Not line of duty.
2. \$75 award (SUBSTANTIAL/EXTENDED).

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

75. -
Award

Att

25X1A

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SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 75-404: dated 10 April 1975

STATINTL

[REDACTED], GS-13
Chief, Central Control and
Distributing Branch
Directorate of Administration/OL

A. Summary of Suggestion

1. Background

In order to obtain excess property available within the Agency Logistical system for official use, a requester must certify that the item(s) requested have not been budgeted for in the current budget of the requesting component.

2. Suggestion

Eliminate the certification required to obtain excess Agency property. The required certification precludes some offices from using property which may eventually be disposed of--whether by transfer to another Government agency or destruction.

B. Evaluation

1. OL has initiated action to change the regulation to eliminate the certification required to obtain excess Agency property. Few operating components are now complying with the intent of the regulation. This is because much of the material budgeted for by operating components is not specifically identified by line item, making the certification strictly pro forma. Elimination of this requirement may result in a nominal decrease in the amount of time spent in management reviews; therefore, the only probable benefit of adoption lies in an improvement in managerial efficiency.

2. OL recommended a Certificate of Appreciation.

C. Recommendation of the Executive Secretary

1. Not line of duty.
2. Certificate of Appreciation.

ADMINISTRATIVE
INTERNAL USE ONLY

D. Decision of the Chairman

STATINTL

[REDACTED]
Chairman, Suggestion
Achievement Awards Committee

8 Sept 75
Date

Certificate
Award

ADMINISTRATIVE
INTERNAL USE ONLY

~~CONFIDENTIAL~~

SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 75-452: dated 22 May 1975
[REDACTED], GS-10 25X1A
Analyst
[REDACTED], GS-09 25X1A
Crypto-Aide
[REDACTED] GS-05 25X1A
Clerk-Typist
Directorate of Operations/
Division D

A. Summary of Suggestion

1. Background

It is often necessary to update microfiche files or make changes which can affect one frame or an entire row of frames. Extreme care must be taken to avoid scratching the microfiche silver film or the plastic jackets when moving frames to make changes.

2. Suggestion

The suggesters made a "film pusher" (attached) to slide frames of microfiche and avoid scratching either the silver film or the plastic jackets. The "film pusher" is also useful when the microfiche automatic stuffing machine becomes jammed due to frayed edges on the jackets, rough edges on the film, creased or frayed piece of flimsy plastic, or the film near the end of the roll has been wound tightly causing the film to curl. These problems are easily remedied with the "film pusher." The film jacket is removed and the "film pusher" inserted to open the film track.

B. Evaluation

1. Chief, Micrographic Program Branch said that to his knowledge, there is no commercially available gadget used to eject film from a microfilm jacket. The simple device developed by the suggesters has been tried and is useful for the purpose intended. The only other known component in the Agency using jackets does not have the same problem in removing film from jackets for updating because their record system only requires

~~CONFIDENTIAL~~

"add on" information thus making it necessary to only
"stuff" new film into the jacket, not eject the old.

2. Division D recommended a Certificate of
Appreciation to each suggester.


C. Recommendation of the Executive Secretary

1. Not line of duty.

2. Certificate of Appreciation to each
suggerer.

D. Decision of the Chairman

25X1A


Chairman, Suggestion and
Achievement Awards Committee

8 Sept 75
Date

Certificates
Award

Att



25X1A

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SUMMARY AND RECOMMENDATIONS FOR THE CHAIRMAN

SUGGESTION NO. 76-53: dated 28 January 1974
[REDACTED] GS-12
Reports Officer
Directorate of Operations/EA
(Now Overseas)

25X1A

A. Summary of Suggestion

Establish a "Single Line System" in the Credit Union similar to that used by many banks and airline ticket counters. This system will reduce the amount of time wasted standing in line at the Credit Union.

B. Evaluation

1. The Credit Union General Manager said that even though other members prior to January 1974 have suggested implementation of the same system, they were either submitted verbally or through an anonymous questionnaire, [REDACTED] is the only identifiable suggester.

2. Implementation of the "Single Line System" has not resulted in savings to the Credit Union or the Agency. However, it has resulted in elimination of an irritant and made the process of serving the membership smoother. The Credit Union Board of Directors recommend a \$25 award based on MODERATE/LIMITED intangible benefits.


C. Recommendations of Executive Secretary

1. Not line of duty.
2. \$50 award (MODERATE/EXTENDED). This improvement speeds the flow of hundreds of Credit Union Customers daily.

25X1A

D. Decision of the Chairman

25X1A


Chairman, Suggestion and Achievement
Awards Committee

8 Sept 75
Date

50. -
Award